

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16143
3958

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Jeff</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis Mo</i> c. LENGTH OF STAY (in this place) <i>8 da</i>				c. CITY (If outside corporate limits, write RURAL and give township) <i>Crystal City</i> <i>0501</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Johns Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>204 Chestnut Street</i>					
3. NAME OF DECEASED (Type or Print) <i>Pasquale</i>				a. (First) <i>RIOLO</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>4 - 13 - 53</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Jan 1 1988</i>			
9. AGE (In years last birthday) <i>65</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Glass worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>P.P. & Co</i>		11. BIRTHPLACE (State or foreign country) <i>SICILIA NA ITALY</i>			
13a. FATHER'S NAME <i>EMANUELE RIOLO</i>				13b. MOTHER'S MAIDEN NAME <i>Josephine CATALANO</i>		14. NAME OF HUSBAND OR WIFE <i>FRANCESCA</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>MRS. FRANCESCA RIOLO</i> ADDRESS <i>CRYSTAL CITY MO</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Embolism</i> ANTECEDENT CAUSES DUE TO (b) <i>Anemia</i> DUE TO (c) <i>Intestinal Obstruction</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i> <i>2-3 day</i>	
19a. DATE OF OPERATION <i>4-7-53</i>				19b. MAJOR FINDINGS OF OPERATION <i>Intestinal Obstruction; Peri-Renal Abscess</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>575X</i>			
22. I hereby certify that I attended the deceased from <i>April 8, 1953</i> , to <i>April 13, 1953</i> , that I last saw the deceased alive on <i>April 12, 1953</i> , and that death occurred at <i>10:00 a.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i> Eugene T. Smyth, M.D.</i> (Degree or title) _____				23b. ADDRESS <i>University Club Bldg</i>		23c. DATE SIGNED <i>4-16-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-16-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Catholic</i>		24d. LOCATION (City, town, or county) (State) <i>Crystal City Mo</i>			
DATE REC'D BY LOCAL REG. <i>APR 16 1953</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Gentry R. Politt</i> ADDRESS <i>Crystal City, Mo.</i>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Gentry R. Politte

Signed.....
Student Embalmer

Licensed Embalmer No. *3481*

P. O. Address *Crystal City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.